Approved for use through 1/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/080,913			ing Date 21/2002	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL	ENTITY	OR		HER THAN ALL ENTITY
	FOR	N	JMBER FIL	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), (ii)	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*		x \$ =		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1,16(h))	IS	minus 3 =		*		x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$25 addition	ts of pape 50 (\$125 onal 50 s	ngs exceed 100 on size fee due) for each on thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	NDENT CLAIM PR	7 CFR 1.16(j))]							
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	04/04/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 25	Minus	** 34	= 0	1	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	* 2	Minus	***3	= 0	1	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						• '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**	=]	x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=]	x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))]					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD' L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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